

TARIFF

OF

Name of Utility Organization or Other Serving Agency)

**SCHEDULE OF RATES,
TERMS AND CONDITIONS**

FOR

(Electric, Gas, Telephone, Water, Sewer Service)

APPLYING TO

(Area to which Rates, Rules and Regulations, & Extension Policy Apply)

NO MODIFICATION OF THESE SCHEDULES SHALL BE
MADE EXCEPT FOR THE PURPOSE OF CANCELLING OR
SUPERSEDING PREVIOUSLY ISSUED SCHEDULES

ISSUED BY

(Name)

(Title)

ADDRESS

(Street or Box Number)

(City)

State and ZIP)

STATE OF MISSISSIPPI
PUBLIC SERVICE COMMISSION

Sheet 402	STATE OF MISSISSIPPI PUBLIC SERVICE COMMISSION INDEX TO TARIFF	
(Name of Utility Organization or Other Service Agency)	DATE ISSUED _____ SHEET _____ of _____ SHEETS	
(Area to which rates, Rules, and Regulations, & Extension Policy Apply)		
TYPE SERVICE	CLASS OF SERVICE	SCHEDULES / SECTION NUMBER
ISSUED BY: _____ (NAME)	_____ (TITLE)	_____ _____ _____ (ADDRESS)

Sheet 403	STATE OF MISSISSIPPI PUBLIC SERVICE COMMISSION PSC SCHEDULE NO. _____	
(Name of Utility Organization or Other Service Agency)	DATE ISSUED _____	
(Rate Area to Which Rate is Applicable)	SUPERCEDES SCHEDULE NO. _____ ISSUED ON _____	
TYPE UTILITY SERVICE (Electric, Gas, Telephone, Water, Sewer)	SHEET _____ of _____ SHEETS	
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Sheet 405	STATE OF MISSISSIPPI PUBLIC SERVICE COMMISSION SERVICE RULES AND REGULATIONS APPLYING TO: _____ SHEET ____ of ____ SHEETS
(Name of Utility Organization or Other Service Agency)	
(City, Town, or Other Area to Which These Rules are Applicable)	

TYPE UTILITY SERVICE	CLASS OF SERVICE	SCHEDULES / SECTION NUMBER

ISSUED BY: _____ (NAME)	_____ (TITLE)	_____ _____ _____ (ADDRESS)
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Sheet 404	<p style="text-align: center;">STATE OF MISSISSIPPI PUBLIC SERVICE COMMISSION</p> <p style="text-align: center;">CONTINUATION SHEET SERVICE RULES AND REGULATIONS APPLYING TO:</p> <p style="text-align: center;">_____</p> <p style="text-align: center;">SHEET ____ of ____ SHEETS</p>
(Name of Utility Organization or Other Service Agency)	
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Sheet 406	STATE OF MISSISSIPPI PUBLIC SERVICE COMMISSION
(Name of Utility Organization or Other Service Agency)	SERVICE EXTENSION POLICY
(City, Town, or Other Area to Which These Policies Apply)	SHEET _____ of _____ SHEETS

TYPE UTILITY SERVICE	CLASS OF SERVICE	SCHEDULES / SECTION NUMBER

ISSUED BY: _____ (NAME)	_____ (TITLE)	_____ _____ _____ (ADDRESS)
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Sheet 400	STATE OF MISSISSIPPI PUBLIC SERVICE COMMISSION CONTINUATION SHEET SERVICE EXTENSION POLICY SHEET ____ of ____ SHEETS
(Name of Utility Organization or Other Service Agency)	
(City, Town, or Other Area to Which These Policies Apply)	

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